FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden bours per form......1

SEC U	JSE ONLY
Prefix	Serial
DATE	RECEIVED
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Name of Offering (check if this is an a	mendment and name has ch	anged, a	nd indicate change.)					
Series C Preferred Stock and Comm	non Stock issuable upon	conver	sion of the Series	C Preferred St	ock			
Filing Under (Check box(cs) that apply):	☐ Rule 504	1	☐ Rule 505	Rule 506		☐ Sect	tion 4(6)	□ ULOE
Type of Filing:			New Filing		X	Amend	lment	
	A. B	ASIC ID	ENTIFICATION I	ATA				
I. Enter the information requested about	t the issuer			_		_		:
Name of Issuer (check if this is an amount	endment and name has chan	ged, and	indicate change.)			4		
Syntricity, Inc.							1	() BB() B(3) B (B()) (1114) B() (1114) (1114)
Address of Executive Offices	(Number and	d Street, (City, State, Zip Code) Telephone N	umber (Includi		
6175 Nancy Ridge Drive, Suite 100,	San Diego, CA 92121	<u>-</u>		858-552-448	35			
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, S	itate, Zip	Code)	Telephone N	umber (Includi	0	8049757
Same as above.			PPOC	\F-00				· <u>-</u>
Brief Description of Business Software developer.			- 1100	FOSED				
Type of Business Organization			MAT (62008				
▼ corporation	☐ limited partnership, alı	ready for	medTHOMACO.	1		l other (pl	ease specify):
☐ business trust	☐ limited partnership, ali ☐ limited partnership, to	be forme		N REUTERS				
Actual or Estimated Date of Incorporation		1	Month)3	Year 1997		Actual	Г	l Estimated
Jurisdiction of Incorporation or Organizat	•		Service abbreviation foreign jurisdiction		_	1101901	_	'A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Apply:					
	name first, if individual)				
D'Augustine,	A.C.			·	
	dence Address (Number and				
c/o Syntricity,	Inc., 6175 Nancy Ridge l	Drive, Suite 100, San Diego			· - · · · · · · · · · · · · · · · · · · ·
Check	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
Box(cs) that					Managing Partner
Apply:					
	name first, if individual)				
Leonida, Clar		0			
	dence Address (Number and		C4 03131		
		Drive, Suite 100, San Diego			□ C11/
Check Boxes	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or
that Apply:		<u></u>	<u> </u>		Managing Partner
Full Name (Last	name first, if individual)				
Morris, John					
	dence Address (Number and				
c/o GKM Ven	tures, 11150 Santa Moni	ca Boulevard, Suite 825, Lo	s Angeles, CA 90025		
Check Boxes	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
that Apply:					Managing Partner
Fuli Name (Last	name first, if individual)				
Mok, Peter					
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)			
c/o Current V	entures II Limited, 225 V	Vest Santa Clara Street, Su	ite 968, San Jose, CA 95113	<u> </u>	
Check Boxes	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
that Apply:					Managing Partner
Full Name (Last	name first, if individual)	·- ·			
Weathers, Wi					
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
c/o Syntricity.	Inc., 6175 Nancy Ridge	Drive, Suite 100, San Diego	o, CA 92121		
Check Boxes	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
that Apply:					Managing Partner
Full Name (Last	name first, if individual)				
Cole, Jim	,				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
		st C Street, Suite 2030, San	Diego, CA 92101		
Check Boxes	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
that Apply:					Managing Partner
	name first, if individual)				
Bloch, Jonath					
Business or Res	idence Address (Number and	Street, City, State, Zip Code)	<u> </u>		
c/o GKM Ver	tures, 11150 Santa Moni	ica Boulevard, Suite 825, L	os Angeles, CA 90025		
Check Boxes	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	Director	General and/or
that Apply:	- 1 Tomoto	- Solicitoria Chiller			Managing Partner
	name first, if individual)				
-					
GKM SBIC,	LI	Street City State 7in Code			
		Street, City, State, Zip Code)	251		
11150 Santa l	vionica Boulevara, Suite	825, Los Angeles, CA 900	4.71		

A. BASIC IDENTIFICATION DATA

2.	Foter the	information	requested	for the	following
Z.	chici uic	HUUTHIAHOH	IMPROVE	TOL INC	TOTIONITI

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

	5 0.							
Check	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or			
Box(es) that					Managing Partner			
Apply:	<u></u>							
Full Name (Last name first, if individual)								
	ures II Limited	0 0 0 0 0 0						
	idence Address (Number and							
	ta Clara Street, Suite 968		☐ Executive Officer	Director	☐ General and/or			
Check Box(es) that	☐ Promoter	Beneficial Owner	T Executive Officer	- Onedo	Managing Partner			
Box(es) that Apply:								
	name first, if individual)							
Windward V								
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			•			
	Suite 1850, San Diego, C.							
Check Boxes	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or			
that Apply:					Managing Partner			
Full Name (Las	t name first, if individual)							
								
Business or Rea	idence Address (Number and	Street, City, State, Zip Code)						
		Прс.: 10	☐ Executive Officer	☐ Director	General and/or			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner			Managing Partner			
Full Name (Las	t name first, if individual)		·					
					<u> </u>			
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)						
Cl. 1. D		Пр	☐ Executive Officer	☐ Director	☐ General and/or			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	The Executive Officer		Managing Partner			
• • •	t name first, if individual)							
ruii Name (Las	i name mai, n morridari)							
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)						
Check Boxes	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or			
that Apply:					Managing Partner			
Full Name (Las	t name first, if individual)							
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)						
		——————————————————————————————————————	[] F	Director	☐ General and/or			
Check Boxes	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	LI Dilectoi	Managing Partner			
that Apply:	Good tet at didney							
Full Name (Las	st name first, if individual)							
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)						
Check Boxes	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or			
that Apply:					Managing Partner			
Full Name (La	st name first, if individual)							

Business or Residence Address (Number and Street, City, State, Zip Code)

^{*}Stock owned by Windward Ventures, L.P., Windward Ventures 2000, L.P., and Windward Ventures 2000-A, L.P.

				В.	INFORM.	ATION ABO	OUT OFFE	RING				
1.	Has the issuer sold, o	r does the issu	er intend to s	sell, to non- Answer a	accredited in	nvestors in the	nis offering? n 2, if filing	under ULOE			/esNo	<u>X</u>
2.	What is the minimum	n investment th	at will be ac	cepted from	any indivi	dual?			1++4********************	**********	N/A	•
3.	Does the offering pen	mit joint owne	rship of a si	ngle unit?					***************************************		Yes No	<u>_X</u>
:	Enter the information solicitation of purcharegistered with the SI broker or dealer, you	asers in conne EC and/or with	ction with s a state or s	ales of sec tates, list th	urities in th e name of th	ie offering. he broker or o	If a person i	to be listed i	s an associate	a person or	agent or a o	toket of dealer
Full 1	Name (Last name firs	t, if individual)								<u> </u>	
Busir	ness or Residence Ad	dress (Number	and Street,	City, State,	Zip Code)						_ - ,,	
Name	of Associated Broke	er or Dealer				<u>. </u>				-		
	s in Which Person Li								<u> </u>			All States
(Che	ck "All States" or che	ck individual	States)									
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RJ)	[SC]	[SD]	[TN]	[XX]	(UT)	[VT]	[VA]	[VA]	[WV]	[WI]	WYI	[PR]
Full l	Vame (Last name firs	t, if individual)									
Busi	ness or Residence Ad	dress (Number	r and Street,	City, State,	Zip Code)							
•	e of Associated Broke									· 		
	s in Which Person Li											
(Che	ck "All States" or che	eck individual	States)	************	**************							
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	FL	[GA]	(HII)	[ID]
[1L]	[IN]	[LA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MĬ]	[MNJ	[MS]	IMOI
ĮМТ	[NE]	[NV]	ĮNHj	ונאן	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[MA]	[WI]	[MA]	[PR]
	Name (Last name firs											
Busi	ness or Residence Ad	ldress (Numbe	r and Street,	City, State	, Zip Code)							
Nam	e of Associated Brok	er or Dealer								•		
State	s in Which Person Li	isted Has Solic	ited or Inter	ds to Solic	t Purchasers	<u> </u>						
	ck "All States" or ch									****************		All States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	lHil	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	IMDI	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		ĮNVJ	[NH]	[נא]	IMMI	[NY]	INCI	INDI	(ОН)	[OK]	(OR)	{PA}
[RJ]	[SC]	[SD]	(TN)	[TX]	י. נעדן	[VT]	[VA]	[VA]	[WV]	[WI]	ĮWYJ	(PR)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities of t	ne securities offered for e	xenange and already exchang
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	S
	Equity	\$ 1,669,303.00	\$ <u>1,669,303.00</u>
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
		s	s
	Other (Specify) Total	\$ 1,669,303.00	\$ 1,669,303.00
	Answer also in Appendix, Column 3, if filing under ULOE.	J 1,007,505,00	• Many Davida
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount of Purchases
	Accredited Investors	12	\$ 1,669,303.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505		\$
	Regulation A		S
	Rule 504	· 	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs	[J \$

Legal Fees

Accounting Fees

Engineering Fees.

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify) Blue Sky Filing Fees
Total

\$ 30,000.00

\$ 1.150.00

\$ 31,150,00

×

X

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
b. Enter the difference between the aggregate offering in response to Part C – Question 4.a. This difference	price given in response to Part C - Question 1 an	d total expenses furnished	\$ <u>1,638,153.00</u>
 Indicate below the amount of the adjusted gross proceed If the amount for any purpose is not known, furnish payments listed must equal the adjusted gross proceeds 	an estimate and check the box to the left of the	estimate. The total of the	Payment To Others
Salaries and fees		□ \$	□ s
Purchase of real estate		□ s	□ s
Purchase, rental or leasing and installation of machinery and	equipment	□ s	□ s
Construction or leasing of plant buildings and facilities		□ s	□ s
Acquisition of other businesses (including the value of securin exchange for the assets or securities of another issuer purs Repayment of indebtedness	suant to a merger)	□ s □ s	☐ \$ ☐ \$ 771,240,40 ※ \$ 866,912,60
Other (specify):		<u></u> .:	
		□ s	□ s
		□ s	□ s
Column Totals		□ s	-
Total Payments Listed (column totals added)		⊠ \$ <u>1,638,</u>]	53.00
	D. FEDERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the usen undertaking by the issuer to furnish to the U.S. Securities non-accredited investor pursuant to paragraph (b)(2) of Rule	s and Exchange Commission, upon written reques	is filed under Rule 505, the t of its staff, the information	n turnished by the issuer to
Issuer (Print or Type)	Signature		Date 22 2000
Syntricity, Inc.	Clara Leonida		April <u>27</u> , 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

Chief Financial Officer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)



Clara Leonida